OUTSTANDING EMPLOYER OF THE YEAR

These three awards go to employers for outstanding achievement in improving employment opportunities for people with disabilities. One award is given to:

- A small (less than 50 employees) private employer; (non-government).
- A large (more than 50 employees) private employer; (non-government).
- One additional employer (any size); government (local, county, state, federal); educational (school district, university, technical institute); nonprofit organizations (public, private).

Two letters of support or recommendation must be included with this nomination form. Letters must be from persons other than the nominator.

NOMINEE'S NAME:			
BUSINESS ADDRESS:			 Zip
BUSINESS PHONE:		•	·
CHOOSE EMPLOYER CATEG	,	employer [□ Other
TOTAL NUMBER OF EMPLOY	EES:		
NUMBER/OR PERCENT OF E	MPLOYEES WITH DIS	SABILITIES:	
NUMBER OF EMPLOYEES HI	RED LAST YEAR WIT	TH DISABILITIES	S:
NOMINATION SUBMITTED BY	′ :		
ADDRESS:			
PHONE:	FMΔII ·		

1. Describe the nominee's policies and procedures supporting outreach, recruitment, placement, training, and career advancement of persons with disabilities?

2.	Describe nominee's efforts to accommodate workers with disabilities? Provide specific examples.
3.	Describe what steps the nominee takes to ensure an effective working relationship between all employees – those with and without disabilities?
4.	Describe how the nominee ensures employees with disabilities are fully included in the company's workforce?
5.	Explain efforts the nominee has made on the local, state, and/or national levels to encourage other employers to hire people with disabilities?
6.	Explain why you feel this nominee is deserving of this award?
7.	Include 2 letters of support or recommendation. Letters must be from persons other than the nominator. Nomination may include additional items (i.e., newspaper clippings, magazine articles) not to exceed 7 pages in total; all copies or reproductions of articles must be on 8 1/2 X 11" paper.